



Hispanic/Latino Advisory Committee
Status of Continuation of Term
2015-2017

Committee Member Name: _____
Organization Name: _____
Address: _____
Phone: _____
E-Mail: _____

Please check the following:

CI Yes. I would like to continue serving on the Hispanic/Latino
Advisory Committee for the next two year term.

El No. I will not be extending my two year term.

Comments: _____

Signature

Date

CMA-Signature

Date